

**582.20**

(11) PURPOSE OF TRIP, REMARKS, AND DETAILS (Attach receipts/vouchers when required)

5/7 - Director to present at the California Mental Health Advocates for Children and Youth annual conference.

5/21- Director to present at UCLA and LA County "Partnership for Mental Health" conference.

\*Direct pay

(12) Normal Work Hours	8:00 a.m. to 5:00 p.m.
(13) Pvt Vehicle License #	

On file  
(14) Mileage Rate Claimed

#	###	0.5
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ONLY  
Paid by Revolving Check Number

I HEREBY CERTIFY that the above is a true statement of the travel expenses incurred by me in accordance with existing agreements and Department of Personnel Administration regulations, in the service of the State of California and that all items shown were for the official business of the State of California, and if a privately-owned vehicle was used, I have met the requirements as prescribed by S.A.M. Sections 0751, 0752, 0753, and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE ▷	DATE	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT ▷	DATE
(17) SIGNATURE AND TITLE OF AUTHORITY FOR SPECIAL EXPENSES ▷			DATE